



FORM

Document title:

Complaint sheet

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Mess EV

Customer billing and delivery information

		ZPA Smart Energy a.s. Komenského 821541 01 Trutnov Czech Republic ID number: 27445976 VAT number: CZ27445976	
Contact person		Contact person	Zdenek Vitek
Phone		Phone	+420 499 907 120
E-mail		E-mail	complaint@zpa.cz

Basic information about the device

Type designation			
Production number/s		It is about:	The problem arose:
Quantity		Complaint <input type="checkbox"/>	In the net <input type="checkbox"/>
Purchase date		Paid repair <input type="checkbox"/>	At reception <input type="checkbox"/>
Document/invoice number *		Adjustment <input type="checkbox"/>	When installing <input type="checkbox"/>
		Other <input type="checkbox"/>	When verifying <input type="checkbox"/>
		Other <input type="checkbox"/>
		
Was there a special request for a feature?			

Exact information about the defect (mark the defect with a cross or more)

The device does not turn on (LCD or LED does not light up) <input type="checkbox"/> The device is not functional (does not measure, does not switch) <input type="checkbox"/> Cracked LCD <input type="checkbox"/> A missing character on the LCD – which <input type="checkbox"/> Non-functional LCD backlight <input type="checkbox"/> Inoperative OPTO communication <input type="checkbox"/> Broken communication – which <input type="checkbox"/> It measures out of accuracy class – at what point <input type="checkbox"/> Bad LED indication <input type="checkbox"/>	Non-functional output S0 <input type="checkbox"/> Tariff switching not working <input type="checkbox"/> Mechanical damage <input type="checkbox"/> Faulty terminal/contact – which <input type="checkbox"/> It does not respond to the button – which <input type="checkbox"/> Defective battery <input type="checkbox"/> Faulty input/output – which <input type="checkbox"/> After a lightning strike/surge <input type="checkbox"/> Other <input type="checkbox"/> (fill in below)
Other:	
Additional information on the problem (when the fault occurs, how your device is connected to the network (voltage,...) and more:	

Notes (e.g. your claim designation and others)

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Date of application	Name, signature and stamp of the customer

* attach a copy of the receipt/invoice for the purchase of the product you are complaining about to this complaint form